

BUREAU OF CAREER DEVELOPMENT
REQUEST TO REVISE A CAREER AND TECHNICAL EDUCATION
PROGRAM CIP CODE

CTE Center: _____

Current CIP: _____	Current Program Name: _____
Proposed CIP: _____	Proposed Program Name: _____ <i>(if applicable)</i>
Proposed Effective Date: _____	

Program change requests must provide details on the specific change of program content that justifies a change in CIP code.

Supporting Materials Must Accompany This Form

Describe the reason for the requested change of program CIP Code.

- Description of the program
- Course list for the program
- Final approval for the program (e.g., advisory board members, curriculum committee, signed minutes)
- What postsecondary connections are aligned with this change (e.g., dual enrollment, articulation)? Provide an explanation, including the name(s) of the postsecondary institution(s) and faculty partner(s).

Have any space-related issues been identified that require review by the Department of Education?

NO _____

YES _____ (If yes, provide specific information below.)

By submitting this form, I agree the program competencies for this new CIP code have been reviewed, align with the intent of the program, and will be used by the instructor(s) beginning with School Year _____.

CTE Director: _____ Date: _____
Signature

Return this completed form to: Constance M. Bonenfant
ATTN: CIP Code Revision Requests
Bureau of Career Development
21 South Fruit Street, Suite 20
Concord, NH 03301

E-MAIL: Constance.Bonenfant@doe.nh.gov
(If emailed, include a CC to lisa.danley@doe.nh.gov and Melissa.ritchings@doe.nh.gov)

PHONE: 603-419-0235

FAX: 603-271-4079

-----FOR BUREAU OF CAREER DEVELOPMENT USE ONLY -----

Review Date and Initials of Reviewer: _____

Notes (date and initials):

Reviewer's approval: _____ **Date:** _____
Signature

State Director's approval: _____ **Date:** _____
Signature

Change made on Approved CTE Program Grid: _____ **Date:** _____

Original Signature Copy filed in Master File: _____ **Date:** _____